

01 FEB 2006

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/541793

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55	/					
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38	/						88						
39	/						89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45	/						95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50	/						100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	48						TOTAL DEP.						
TOTAL CLAIMS	55						TOTAL CLAIMS						